



WRNMMCB

Bariatric Information Check List

20150819

Please refer to our bariatric surgery website for additional information. If you are unable to find an answer to your concern, please refer to the contact numbers below. Website: www.tinyurl.com/ncabariatric

**General Surgery-Bariatric Program: Primary (301-295-4442)
Secondary (301) 400-1616**

Patient's Name _____
Type of surgery to be performed: _____

PCM: I have ordered the following lab work & radiologic studies: [complete below *or make notations in AHLTA note*. See AHLTA order set under *Bariatric Eval HL v...*]

☐ I will ensure that my health maintenance issues are addressed by my PCM, e.g. mammograms and colonoscopies as indicated

☐ **Complete Metabolic Panel**

☐ Results were WNL

☐ The following results were abnormal: _____

☐ **Complete Blood Count**

☐ Results were WNL

☐ The following results were abnormal: _____

☐ **Vitamin D (calcidiol/25-hydroxy Vit D)**

☐ Results were WNL

☐ The following results were abnormal: _____

☐ **TREATMENT PLAN for abnormal lab results:**

☐ Ultrasound Right Upper Quadrant IF gallbladder still present

****Your PCM will determine whether you need the following workup**

☐ **EKG** (for male age > 40, female age > 50, sedentary lifestyle) was done on ____
o Results: _____

☐ **Cardiac Risk Stratification** (IAW ACC/ AHA guidelines): e.g. ECHO?



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Regarding EXERCISE, this patient:

- ☐ How long have the patient been morbidly obese
- ☐ has no restrictions for physical activity and has started a walking or other exercise program as required prior to bariatric surgery.
- ☐ has the following restrictions for physical activity: _____

These conditions are being optimally managed with the following: _____

I recommend this patient for bariatric surgery and confirm that all health problems are being optimally medically managed in preparation for major surgery. A Full H&P of systems with final letter of recommendation clearing patient for surgery.

PCM's Signature: _____ Date: _____

Dietitian (see dietitian phone list on website). If done at WRNMMC Bldg 7, 3rd Floor (Liberty Bldg) Rm. 3101 please call 301.295.4065. **Must cont. every 4 weeks till your surgery or as recommended by your Dietitian.**

This patient has completed the minimum requirement of 3 pre-op MNT appointments on the following dates w/ compliance:

Visit #1 _____ lbs lost _____ food/exercise log kept? Yes/No

Visit #2 _____ lbs lost _____ food/exercise log kept? Yes/No

Visit #3 _____ lbs lost _____ food/exercise log kept? Yes/No

Over 3 visits total lbs lost was, _____. Patient understands **10 lb pre-op weight loss is required.**

From a nutrition standpoint this patient is:

- ☐ a good candidate for bariatric surgery due to a BMI of _____ kg/m², multiple previous unsuccessful diet attempts, and a demonstrated understanding of and willingness to follow the diet Rx post-op.



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- ☐ not recommended for bariatric surgery for the following reason(s):

Dietitian's Signature: _____ Date: _____

Exercise Physiologist: 301-295-4065 Must also be seen 3 month and 6 months post Bariatric surgery. Bldg. 7, 3rd Floor (Liberty Bldg.) Rm. 3101

This patient has had the required 1 pre-op evaluation on the following date: _____

Exercise Rx: _____

- ☐ I recommend this patient for bariatric surgery
- ☐ I do not recommend this patient for bariatric surgery for the following reason(s): _____

Exercise Therapist's Signature: _____ Date: _____

Behavioral Evaluation: (Outpatient Behavioral Health)301-295-0500

This patient completed the required pre-op evaluation on the following date: _____

- ☐ See AHLTA note for one of following conclusions: _____
- ☐ No contraindications to surgery.
- ☐ There are no absolute contraindications to surgery, but I have the following concerns: _____
- ☐ Patient should have the following conditions treated before surgery: _____
- ☐ Patient is not recommended for surgery for the following reason(s): _____

Behavioral Health Provider's Signature: _____ Date: _____



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Support Group (see list on website for locations) You DO NOT need to register for Support Group at WRNMMC.

This patient participated in a bariatric pre-op support group (x5) on the following dates:

#1 Date: _____ Location: _____

Facilitator's Signature: _____

#2 Date: _____ Location: _____

Facilitator's Signature: _____

#3 Date: _____ Location: _____

Facilitator's Signature: _____

#4 Date: _____ Location: _____

Facilitator's Signature: _____

#5 Date: _____ Location: _____

Facilitator's Signature: _____

Sleep Study: 301-295-4547 Most will be referred out. If done outside a MTF please bring all documents in. *This will not be signed until after the study is complete*

☐ CPAP/BiPAP not recommended

☐ CPAP/BiPAP recommended

Setting: _____

Signature: _____ Date: _____

Endoscopy: You Do Not Have get this done prior to meeting with surgeon.

This patient completed the required pre-op endoscopy on the following date: _____

H Pylori: If positive, was patient treated? _____

If you desire the sleeve gastrectomy, we ask you to consider enrollment in our sleeve study to predict difficult to control heartburn postoperatively.

a. Call for PH probe & manometry appointment

b. Resting LES pressure: _____



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Signature: _____ Date: _____

Patient

Before making my pre-op appointment:

I certify I have completed all the requirements on listed on this checklist any additional requirements made by the bariatric team. My failure to be in compliance could and will result in the delay of me preceding to the surgical stage. All documents from civilian providers are in my position.

Patient's Signature: _____ Date: _____

Prepare Mentally and Emotionally:

- ☐ I understand the surgery I will be having. I have read all information given to me by the clinic staff.
- ☐ I know that I should abstain from drinking alcohol preoperatively, for 2 years post-operatively, and preferably avoid alcohol for the rest of my life
- ☐ I can commit to the changes in my lifestyle, such as the new diet and exercise program, and continuous follow up with my surgeon, dietitian, and exercise physiologist.
- ☐ I discussed having bariatric surgery with my family and /or friends.
- ☐ I know where to get the information and support I need for this journey
- ☐ How long do you remember being "obese"?
- ☐ What prior attempts at weight loss have you included, e.g. Jenny Craig, Weight Watchers, Adkin's or Phen-Fen. (Please List):

Initial Lifestyle Changes:

- ☐ I have started changing my diet to align with recommendations.
- ☐ **I have lost at least 10 lbs since I was referred by my PCM.**
- ☐ I have kept my food and exercise logs throughout this process.
- ☐ I have stopped smoking since enrolling in the program (if I had ever smoked at all).
- ☐ I have started an exercise program—walking as tolerated, swimming,
- ☐ I understand that I must adhere to a 2 week pre-op liquid protein diet.

Patient's Signature: _____ Date: _____